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\*\* CONTINUING DATA \*\*\*\*\*

*None BMM*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|                                 |   |                        |                   |                 |                       |
|---------------------------------|---|------------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY    | SHEETS<br>DRAWING | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | NJ                     | 4                 | 27              | 4                     |
| Verified and Acknowledged       | <i>Chas Evans</i><br>Examiner's Signature   | <i>CLL</i><br>Initials |                   |                 |                       |

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## TITLE

Systems for analyzing microtissue arrays

|                  |   |  |
|------------------|---|--|
| FILING FEE       | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><br><input type="checkbox"/> 1.16 Fees ( Filing )<br><br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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